

Entered -10-24-00 - sb
CL 00L0644 - GWENDOLYN BURNS

00- *2* -1931

CLAIM OF: JAMES STANLEY SELF
910 Ponce de Leon Avenue, NE
Atlanta, Georgia 30306

For damages alleged to have been sustained from an unlawful
arrest on September 28, 2000, at 516 Ponce de Leon, NE..

THIS ADVERSED REPORT IS
APPROVED

BY: 
ROBERT N. GODFREY
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0644

Date: November 16, 2000

Claimant /Victim JAMES STANLEY SELF
BY: (Atty) (Ins. Co.) _____
Address: 910 Ponce de Leon Avenue, NE, Atlanta, Georgia 30306
Subrogation: _____ Claim for Property damage \$ _____ Bodily Injury \$ unspecified
Date of Notice: 10/9/00 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 _____ Ante Litem (6 Mo.) _____
Date of Occurrence 9/28/00 Place: 516 Ponce de Leon Avenue, NE
Department POLICE Division _____
Employee involved J. D. Patterson Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that he sustained damages when he was falsely arrested and imprisoned for "drinking in public" by Officer Patterson. However, a municipal corporation shall not be liable for the torts of policemen or other officers engaged in the discharge of the duties imposed on them by law as set forth in O.C.G.A. Section 36-33-3.

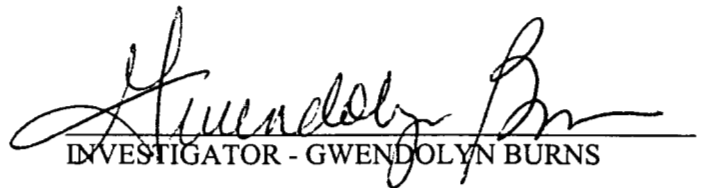
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____


BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 11-17-00
Committee Action: _____ Council Action _____

Council of The City Of Atlanta
Clerk of The Council
City Hall
55 Trinity Ave. S.W.
Atlanta, GA 30335

Re: Claim for Damages

Today's Date: 9-30-00

Dear Sir or Madam:

ENTERED - 10-24-00 - SB
00L0644 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the sum of \$ 300.00 Property and/or \$ _____ bodily for which I contend the City is liable.

1. Date of Incident 9-28-00 2. Police Called ✓
Month/Day/Year (Yes) (No)

3. Location of Incident 516 Ponce De Leon

4. Name of your Insurance Company _____ Policy # _____

5. State what and how the incident occurred I WAS ARRESTED FOR
DRINKING IN PUBLIC

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE STATEMENTS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION.

7. The registered owner must make the claim for vehicle damages. Complete the following and attach two (2) estimates of repair.

Your Vehicle: _____
(Make) (Year) (Tag #) (Drivers Name)
City Vehicle: _____
(Make) (Drivers Name) (Department)

8. Witness: _____
(Name) (Address) (Phone)

9. The acknowledgement of this claim in no way waives the Governmental Immunity of the City Of Atlanta, as granted by State Law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employees.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

10. THIS CLAIM SHOULD BE MAILED
IMMEDIATELY TO THE ADDRESS
SHOWN ABOVE.

James Stanley Self (SEAL)
(Claimant)
910 Ponce De Leon
(Address)

Atlanta GA
(City) (State) (Zip) (Home Phone) (Bus. Phone)

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